RAPE REPORTING REQUIREMENTS FOR COMPETENT ADULT VICTIMS Prepared June 15, 2006

OREGON

Summary: There is no mandatory reporting requirement in Oregon. Examination must be completed within 168 hours and use of the Oregon State Police SAFE kit must have been authorized by law enforcement. Injuries caused by a knife, gun, pistol or other deadly weapon must be reported.

REPORTING STATUTES WHICH MAY IMPACT RAPE VICTIMS

ORS § 146.710. Definition for ORS 146.710 to 146.780.

As used in ORS 146.710 to 146.780, "injury" means a physical injury caused by a knife, gun, pistol or other deadly weapon.

ORS § 146.730. Investigation.

An investigation of an injury may be made by a medical examiner whenever the injury occurred under suspicious or unknown circumstances. All authority granted to the medical examiner by ORS 146.003 to 146.165 and 146.710 to 146.992 may be exercised in making such investigation.

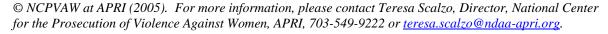
ORS § 146.740. Reports of medical examiner.

Whenever the medical examiner concludes that a crime may have been committed by any person in causing the injury, the medical examiner shall report the conclusion to the district attorney.

ORS § 146.750. Injuries to be reported to medical examiner.

- (1) Except as required in subsection (3) of this section, any physician, including any intern and resident, having reasonable cause to suspect that a person brought to the physician or coming before the physician for examination, care or treatment has had injury, as defined in ORS 146.710, inflicted upon the person other than by accidental means, shall report or cause reports to be made in accordance with the provisions of subsection (2) of this section.
- (2) An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the appropriate medical examiner.
- (3) When either an injury as defined in ORS 146.710 or abuse as defined in ORS 419B.005 occurs to an unmarried person who is under 18 years of age, the provisions of ORS 419B.005 to 419B.050 shall apply.







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STATUTES ADDRESSING PAYMENT FOR EXAMINATIONS

Or. Admin. r. 137-084-0001. Definitions

"Application Form" means the most current version of the Application for Payment Sexual Assault Victims' Emergency Medical Response Fund form issued by the Department of Justice. (A copy of the Application Form is set out as an Appendix to these administrative rules.) [Form not included. See ED. NOTE.]

Or. Admin. r. 137-084-0010. Claims Processing

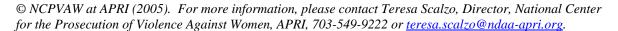
- (1) A victim of a sexual assault who wants the Fund to pay for a medical examination, collection of forensic evidence using the Oregon State Police SAFE Kit, emergency contraception, or sexually transmitted disease prophylaxis must submit a completed Application Form to the victim's medical services provider. (A copy of the Application Form is set out as an Appendix to these administrative rules). [Form not included. See ED. NOTE.]

 (2) To obtain payment from the Fund, an eligible medical services provider must submit the
- Application Form to the Department within one year of the date the medical services are provided.
- (3) All medical services invoices must be submitted by the eligible medical services provider with the Application Form. Invoices submitted separately will not be processed.
- (4) To be paid for by the Fund, a complete medical assessment must be completed within 84 hours (three and one-half days) of the sexual assault of the victim and use of the Oregon State Police SAFE Kit must have been authorized by appropriate law enforcement personnel and the Kit must have been released to appropriate law enforcement personnel in a timely manner after its use for collection of information.
- (5) To be paid for by the Fund, a partial medical assessment must be completed within 168 hours (seven days) of the sexual assault of the victim.
- (6) Completed Application Forms submitted with medical services invoices will be processed for payment by the Fund within 60 days of submission.

Or. Admin. r. 137-084-0020. Maximum Amounts Paid for Medical Services

(1) The Fund will pay eligible medical services providers the actual costs incurred for providing medical services to sexual assault victims up to the following maximum amounts: (a) \$380 for a medical examination plus collection of forensic evidence using the Oregon State

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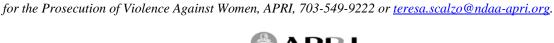
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Police SAFE Kit;

- (b) \$175 for a medical examination without collection of forensic evidence using the Oregon State Police SAFE Kit:
- (c) \$55 for emergency contraception (including urine pregnancy test);
- (d) \$100 for sexually transmitted disease prophylaxis.
- (2) An additional payment of \$75 will be made to eligible medical services providers who document that the medical examination, as part of either a partial or complete medical assessment, was conducted by a SANE certified nurse.
- (3) The payment amounts set out in this rule will be reviewed at least every two years by the Attorney General or the Attorney General's designee to determine whether they should be adjusted to meet current circumstances.
- (4) An eligible medical services provider who submits a bill to the Fund under these rules may not bill the victim or the victim's insurance carrier for a medical examination, collection of forensic evidence using the Oregon State Police SAFE Kit, emergency contraception, or sexually transmitted disease prophylaxis, except to the extent the Department is unable to pay the bill due to lack of funds or declines to pay the bill for reasons other than untimely or incomplete submission of the bill to the Fund under OAR 137-084-0030(2)(e).

Or. Admin. r. 137-084-0030. Payment Restrictions and Disqualifications

- (1) The Fund will not pay for any service not specifically described in 2003 Oregon Laws, Ch. 789 or OAR 137-084-0001 through 137-084-0030. Examples of services not covered by the Fund include, but are not limited to: treatment of injuries; DNA testing; HIV testing; laboratory testing of blood for any purpose; and prescriptions filled off-site of the location of a medical examination. Nothing in this rule is intended to preclude an eligible medical services provider from submitting a claim against the victim, the victim's insurance carrier or any other source for payment for services not specifically described in 2003 Oregon Laws, Ch. 789 or OAR 137-084-0001 through 137-084-0030.
- (2) The Fund reserves the right not to pay for medical services described in 2003 Oregon Laws, Ch. 789 or OAR 137-084-0001 through 137-084-0030 for any one of the following reasons:
- (a) Services were not provided by an eligible medical services provider.
- (b) Services were provided to someone other than an eligible victim.
- (c) Services were not provided in accordance with the requirements in 2003 Oregon Laws, Ch. 789 or OAR 137-084-0001 through 137-084-0030, including the timeliness requirements for complete medical assessments (within 84 hours (three and one-half days) of the sexual assault) and partial medical assessments (within 168 hours (seven days) of the sexual assault).
- (d) Services provided were duplicate services for the same incident.
- (e) Failure of the eligible medical services provider to submit a completed Application Form,







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submission of incomplete invoice(s) for medical services or submission of the Application Form or invoice(s) for medical services more than one year after date services provided. [Form not included. See ED. NOTE.]

- (f) Insufficient funds in the Fund to cover the services provided. The Fund will pay in full for services provided and billed to the Fund until the money in the Fund is exhausted.
- (3) If the Attorney General or the Attorney General's designee determines that the Fund will not pay for one or more of the services described in 2003 Oregon Laws, Ch. 789 or OAR 137-084-0020(1) and (2) for reasons other than those set out in 137-084-0030(2)(e) above, the Attorney General or the Attorney General's designee will provide notice to the medical services provider(s) affected. After receiving such notice, a medical services provider may bill the victim, the victim's insurance carrier or any other source for those medical services provided but not paid for by the Fund.

